

# Active Employee Certificate of Agreement

*This certificate becomes part of the active employee's personnel file.*

I do hereby certify that I have received and read the [ Company name ] substance abuse and testing policy and have had the drug-free workplace program explained to me. I understand that if my performance indicates it is necessary , I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a positive confirmed result for the illegal use of drugs and/or alcohol may lead to discipline up to and including termination of employment and/or loss of workers' compensation benefits. \*

\* ( pursuant to T.C.A. Section 50-9-100 et. seq. )

Employee's Printed Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date\_\_\_\_\_